

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10-809, 1960	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		IND.	DEP.	IND.	DEP.	IND.
IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	1	1	1	1	1	51				
2	1	1	1	1	1	52				
3	2	2	2	2	2	53				
4	2A	2	2	2	2	54				
5	1	1	1	1	1	55				
6	2	2	2	2	2	56				
7	2	2	2	2	2	57				
8	2	2	2	2	2	58				
9						59				
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42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	3		3			TOTAL IND.				
TOTAL DEP.	4/10		10			TOTAL DEP.				
TOTAL CLAIMS	7		13			TOTAL CLAIMS				